



# Changing the Face of Stroke Care in the West of Iran: A Brief Report

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Article Info	ABSTRACT
<b>Article type:</b> Brief Report	<b>Background and Aim:</b> Stroke is the leading cause of long-term disability in developed countries and one of the top causes of mortality worldwide. Various etiologies lead to ischemic stroke, including both modifiable and non-modifiable risk factors. The past decade has seen substantial advances in the diagnostic and treatment options available to minimize the impact of acute ischemic stroke. The key first step in stroke care is early identification of patients with stroke and triage to centers capable of delivering the appropriate treatment, as fast as possible.
<b>Article History:</b> Received: 20 January 2020 Revised: 04 March 2020 Accepted: 14 May 2020	<b>Materials and Methods:</b> This was a prospective observational study to examine outcomes of intravenous thrombolysistreated stroke patients in the Zanzan region compared in past 3 years.
<b>Keywords:</b> Door to needle Onset to treatment Stroke	<b>Results:</b> 976 patients with ischemic stroke registered using the SITS intravenous thrombolysis protocol between January 2017 and December 2019. median age in Patients was 66.23 in 2017,66.88 in 2018,69.28 years in 2019. In 2017, 53.16%, in 2018, 51.32% and 55.6% in 2019 were male. NIH Stroke Scale score 9.29 in 2017, 9.76 in 2018 and 10.57 in 2019. onset-to-treatment time was 172 min in 2017, 160 in 2018 and 162 min in 2019. door-to-needle time 65 min in 2017,42 min in 2018 and 33 min in 2019. Hypertension was the most reported risk factor. Functional independence (mRS 0-2) at 3 months was similar (69% in 2017,71% in 2018 and 59% in 2019).
	<b>Conclusion:</b> In recent years we have been focusing on early identification and triage of patients. So, we were able to effectively reduce the door to needle time. Careful registration of patients in the registry system (SITS) enabled us to better assess the status of the patient for future interventions. The reason for the lack of significant change in other parameters, despite the decrease in door to needle time, seems to be due to the careful recording and follow-up of patients and also iv thrombolysis in patients with higher NIHSS.